



**Volunteer Application**

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ ST: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: (H) \_\_\_\_\_ (C) \_\_\_\_\_ (W) \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

Current Employer: \_\_\_\_\_ May we call you at work? [ ] Yes [ ] No

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

Years Completed in School: [ ] High School [ ] College Other: \_\_\_\_\_

Have you ever taught adults? [ ] Yes [ ] No Where: \_\_\_\_\_

Other Teaching Experience: (Optional) \_\_\_\_\_

Do you speak other languages? (Optional) \_\_\_\_\_

How did you hear about Re:Start? \_\_\_\_\_

Please describe any special skills or interests you may have: \_\_\_\_\_

\_\_\_\_\_

Volunteer Opportunities (Please check all categories that interest you):

\_\_\_\_\_ Instructor's Assistant    \_\_\_\_\_ Test Proctor    \_\_\_\_\_ Reception    \_\_\_\_\_ Internship

**Availability:** We are looking for volunteers between the hours of 9:00 am- 8:00 pm, please fill in day (s) & time (s) preferred:

| Monday | Tuesday | Wednesday | Thursday |
|--------|---------|-----------|----------|
|        |         |           |          |

**Thank You** for your interest in adult education. Our need for volunteers is proportionate to the number of adults who need our services. We ask our volunteers to commit to at least three hours of service each week. Your signature below indicates you agree to this commitment.

We also ask for a photocopy of your driver's license to accompany this application (we will be happy to make the copy here at Re:Start). You can bring your application to the office Monday-Thursday from 9:00 am – 4:30 pm or mail it to:

Re:Start – The Center for Adult Education  
 1501 Riverside Drive, Suite 260  
 Chattanooga, TN 37406

Applications can be faxed anytime to 423.499.5428 or emailed to [info@restartchattanooga.org](mailto:info@restartchattanooga.org).



**Employment History:** Please list last two employers and dates of employment.

NAME & ADDRESS OF EMPLOYER: \_\_\_\_\_

DATES OF EMPLOYMENT: \_\_\_\_\_ EMPLOYER PHONE: \_\_\_\_\_

NAME & ADDRESS OF EMPLOYER: \_\_\_\_\_

DATES OF EMPLOYMENT: \_\_\_\_\_ EMPLOYER PHONE: \_\_\_\_\_

**Volunteer Experience:** List at least two organizations where you have volunteered (N/A if NONE).

NAME & ADDRESS OF ORGANIZATION: \_\_\_\_\_

ORGANIZATION PHONE: \_\_\_\_\_

**References:** List two persons not related to you, whom you have known at least one year.

NAME & ADDRESS OF REFERENCE: \_\_\_\_\_

\_\_\_\_\_ REFERENCE PHONE: \_\_\_\_\_

NAME & ADDRESS OF REFERENCE: \_\_\_\_\_

\_\_\_\_\_ REFERENCE PHONE: \_\_\_\_\_

HAVE YOU BEEN CONVICTED OF A FELONY and/or MISDEMEANOR WITHIN THE LAST 5 YEARS?

YES: \_\_\_\_\_ NO: \_\_\_\_\_ IF YES, DESCRIBE: \_\_\_\_\_

\_\_\_\_\_

**AUTHORIZATION:**

I CERTIFY THAT THE FACTS CONTAINED IN THIS APPLICATION ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND UNDERSTANDING.

I AUTHORIZE VERIFICATION OF ALL STATEMENTS CONTAINED HEREIN, AND THE REFERENCES LISTED ABOVE TO PROVIDE ANY AND ALL INFORMATION CONCERNING MY EMPLOYMENT OR VOLUNTEER RESPONSIBILITIES, AND ANY PERTINENT INFORMATION THEY MAY HAVE - PERSONAL OR OTHERWISE. I HEREBY RELEASE ALL PARTIES FROM ANY LIABILITIES THAT MAY RESULT FROM FURNISHING SAME TO YOU, AND AUTHORIZE A BACKGROUND CHECK IN ACCORDANCE WITH THE Re:Start COMPANY POLICY.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

Rvd. 1.30.12